

Wellspring Chaplaincy Initiative

Grant Expense Report Form

Full Name:	
Email:	
Phone:	
Address:	

				WCI Use Only	
Expense Category	Provide info about the expenses	Date	Amount on receipt:	Approved Funding	Granted Funding
CPE Unit Fee					
Registration Fee (Conference/Workshop)					
Lodging (Conference/ Workshop)					
Airfare (Conference/ Workshop)					
Other Professional Development					
Total			0	0	0

Important Notes

- 1) If the listed expenses are greater than the approved amount, only the approved amount will be granted. If the expenses listed are less than the approved amount, the listed expenses amount will be granted.
- 2) The copy of the receipts/invoices for all the expenses should be emailed to Wellspring. Please combine all the receipts in one file for a smoother process.